FAX NO. 3039389995

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number		10/686,221 6364)			
		Confirmation Number	r			1		
		Filing Date		10/15/2003				
		First Named Invento	r		hael Christie			
		Art Unit		2664				
		Examiner Name						
tal Number of Pages in This Submiss	ion 19	Attorney Docket Nu	nber	1110d				
	ENCL	OSURES (check all that	apply)					
Fee Transmittal Form	Drawing				wance Communication to TC			
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Amendment / Reply	Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)				
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Affidavits/declaration(s)	Power of Change	f Attorney, Revocation of Correspondence Addre	ess	Status Le	atter			
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Information Disclosure Statement		andscape Table on CD						
Certified Copy of Priority Document(s)	It is believed that no fees are due in this matter. However, if it is that fees are due, the Commissioner is authorized to debit Deposit							
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SIGI	NATURE OF	APPLICANT, ATTOR	NEY, O	R AGENT				
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hereby certify that this correspondential Stop Amendment, Commissioner	ce is being fa for Patents, P	esimile transmitted to the .O. Box 1450, Alexandria,	USPTO 1 VA 2231	to fax number 3-1450 on the	(571) 273-8300 addressed to: date shown below.			
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Typed or printed name Jamie Ca	ameron			Date	9.7.05			

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Substitute for form 1449A/PTO		Complete if Known			
	Application Number	10/686,221			
INFORMATION DISCLOSURE	Confirmation Number	6364			
STATEMENT BY APPLICANT	Filing Date	10/15/2003			
SINIEMENT BY AFFEICANT	First Named Inventor	Joseph Michael Christie			
	Art Unit	2664			
(Use as many sheets as necessary)	Examiner Name				
Sheet 1 of 1	Attorney Docket Number	1110d			

U.S. PATENT DOCUMENTS						
Examiner Cito No.	Cite	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columna, Lines, Where Rolovan Passages or Rolovant Figures Appear	
	No.'	Number - Kind Code ² (if known)				
	1	US-6,038,606	03/14/2000	Brooks, et al		
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FOREIGN PATENT DOCUMENTS						
Examiner Cite No.1	04-	Foreign Patent Document	Publication	Name of Patentee or	Pages, Columns, Lines. Where Relevant	
	Country Code ³ - Number ⁴ - Kind Code ⁵ (if knawn)	Date MM-OD-YYYY	Applicant of Citod Document	Passages or Relevant Figures Appear	T ^d	
	2	WQ 9931855	06/24/1999	Andersson, Dick		
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